

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRU

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia.

McCaw

## (1) PLACE OF BIRTH

County of *Abbeville*Township of *Abbeville*or  
Inc. Town of *Abbeville*or  
City of *Abbeville*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF *SOUTH CAROLINA*Bureau of *Vital Statistics*

State Board of Health

File No. *1-9* For State Registrar OnlyRegistration District No. *1-9*Registered No. *1*

(For use of Local Registrar)

(2) Full Name of Child *Birth Lyman*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *1*(5) Number in order of birth *1*(6) Are Parents Married? *23*(7) DATE OF BIRTH *1-4*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Royce Jeffery Lyman*(9) PRESENT POSTOFFICE OF FATHER *Abbeville SC*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Abbeville SC*(13) OCCUPATION *vice work*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Maud Campbell*(15) PRESENT POSTOFFICE OF MOTHER *Abbeville SC*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Summerville SC*(19) OCCUPATION *Wool work*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. E. McSwain*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Abbeville*

Given name added from a supplemental report

191....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *Jan 4<sup>th</sup>* 1915(28) *J. G. Perrin*

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

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